AFFIDAVIT OF INABILITY TO APPEAR AND REQUEST FOR ISSUANCE OF A

Ve, the undersigned, do hereby declar	re:		
⁻hat			
hat(Print full	legal name(s) of person(s) unable	to appear)	
s/are physically unable to appear in pecense due to:	erson at the County C	erk's Office to apply f	or a marriage
Check one of the following: Hospitalization (must attach product) Incarceration Other	. ,		
] Other(Reason proved to the satisfaction	n of the County Clerk)		
and hereby request the marriage licens	se he issued to		
	(Print na	me of person solemnizing ma	arriage)
as the officiant who will be solemnizing	the marriage.		
			-t- (MM/DD/00)0/
Print Full Legal Name of First Person)		[Date of B	TH (MIMI/DD/CCYY)
Print Full Legal Name of First Person)		[Date of B	MN (MIM/DD/CCYY)
		·	rth (MM/DD/CCYY)
Print Full Legal Name of Second Person) Ve certify under penalty of perjury und information is true and correct.		Date of B e of California that the	irth (MM/DD/CCYY
Print Full Legal Name of Second Person) We certify under penalty of perjury und information is true and correct.		Date of B e of California that the	irth (MM/DD/CCYY
Print Full Legal Name of Second Person) Ve certify under penalty of perjury und information is true and correct. Executed on: (MM/DD/CCYY)			irth (MM/DD/CCYY
Print Full Legal Name of Second Person) Ve certify under penalty of perjury und information is true and correct. Executed on: (MM/DD/CCYY)		Date of B e of California that the	irth (MM/DD/CCYY
Print Full Legal Name of Second Person) Ve certify under penalty of perjury und information is true and correct. Executed on: (MM/DD/CCYY) Signature of First Person)	at	Date of B e of California that the	irth (MM/DD/CCYY
Print Full Legal Name of Second Person) Ve certify under penalty of perjury und information is true and correct. Executed on: (MM/DD/CCYY) Eignature of First Person)		Date of B e of California that the	irth (MM/DD/CCYY
Print Full Legal Name of Second Person) Ve certify under penalty of perjury und information is true and correct. Executed on: (MM/DD/CCYY) Executed on: (MM/DD/CCYY)	at	[Date of B e of California that the (City/State)	irth (MM/DD/CCYY)
Signature of First Person) Executed on:	at	[Date of B e of California that the (City/State)	irth (MM/DD/CCYY)
Print Full Legal Name of Second Person) We certify under penalty of perjury under penalty of penalty o	at at	[Date of Be of California that the content of Be	irth (MM/DD/CCYY
Print Full Legal Name of Second Person) We certify under penalty of perjury under penalty of penalty o	at at	[Date of Be of California that the content of Be	irth (MM/DD/CCYY
Print Full Legal Name of Second Person) We certify under penalty of perjury und information is true and correct. Executed on: (MM/DD/CCYY) Executed on: (MM/DD/CCYY)	at at	[Date of B e of California that the (City/State)	irth (MM/DD/CCYY

The signature(s) of the person(s) who is/are physically unable to appear in person at the County Clerk's Office *must be authenticated by a Notary Public or a Court* prior to the County Clerk issuing the marriage license [Family Code Sections 426(c); 502(c)].

NOTE: Government Code (GC) Section 8824(a) prohibits the notary public who has authenticated the signature(s) of the person(s) who is/are unable to physically appear in person at the County Clerk's Office from also being the person solemnizing the marriage.

Pursuant to Family Code Section 500, couples applying for a Confidential Marriage License must already be living together as spouses.

In addition, the confidential marriage license may only be used in the county in which the license is issued.

All Capacity Acknowledgment

STATE OF	_	
COUNTY OF		
On(Date)	before me,	(Name and title of the officer)
personally appeared		
who proved to me on the bas the within instrument and ack capacity(ies), and that by his/ which the person(s) acted, ex	is of satisfactory evidence to be to nowledged to me that he/she/the	person signing) the person(s) whose name(s) is/are subscribed to by executed the same in his/her/their authorized ument the person(s), or the entity upon behalf of
I certify under PENALTY OF true and correct.	PERJURY under the laws of the	State of California that the foregoing paragraph is
WITNESS my hand and offici	al seal.	
Signature of	officer	(Seal)

Affidavit of the Facts

Ι	am a Physician,
Warden Other	and do hereby certify, swear or
affirm, and acknowledge that the information set f	forth in the "Affidavit for Confidential Marriage
License For Persons Unable to Appear" are factual, to	rue and correct to the best of my knowledge.
Date	Place
Signature	